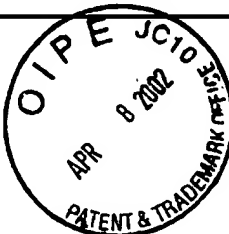


*EE*

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)  
A30558-A-FWC-A

*5*



In re Application of **Irwin Gelman**

Application Number **09/902,432**

Filed **07/10/2001**

For **TUMOR SUPPRESSOR GENE** \* see attached

Group Art Unit **1632**

Examiner  
To be Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_
- ☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_
- ☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_
- ☒ Four months (37 CFR 1.17(a)(4)) up to and including April 3, 2002. \$ **1,440**
- ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ **720**.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **02-4377**.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
  - ☒ attorney or agent of record.
  - ☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

April 3, 2002  
Date  
PTO Reg No.: 41,328

*Carmella L. Stephens*  
Signature  
Carmella L. Stephens  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Title: TUMOR SUPPRESSOR GENE

Use Space Below for Additional Information: